



Florida Corporate Income/Franchise Tax Return
FEIN **52-1311379**

For calendar year 2023 or tax year beginning

ending

CSOL
F-1120, R. 01/24
Rule 12C-1.051
Florida Administrative Code
Effective 01/24
Page 1 of 6

840702023123100020050374352131137900001

Name **ROBERT R WEIGERT, INC**
Address **4959 SURFSIDE CIRCLE**
City/State/ZIP **LAKEWOOD RANCH FL 34211**



Computation of Florida Net Income Tax

☐ Check here if any changes have been made to name or address

1. Federal taxable income (see instructions)	Check here if negative	1,767.00
Attach pages 1-5 of federal return		
2. State income taxes deducted in computing federal taxable income (attach schedule)	Check here if negative	.00
3. Additions to federal taxable income (from Schedule I)	Check here if negative	3,171.00
4. Total of Lines 1, 2 and 3.	Check here if negative	4,938.00
5. Subtractions from federal taxable income (from Schedule II)	Check here if negative	3,171.00
6. Adjusted federal income (Line 4 minus Line 5)	Check here if negative	1,767.00
7. Florida portion of adjusted federal income (see instructions)	Check here if negative	1,767.00
8. Nonbusiness income allocated to Florida (from Schedule R)	Check here if negative	0.00
9. Florida exemption		1,767.00
10. Florida net income (Line 7 plus Line 8 minus Line 9)		0.00
11. Tax due: 5.5% of Line 10		0.00
12. Credits against the tax (from Schedule V)		.00
13. Total corporate income/franchise tax due (Line 11 minus Line 12).		0.00
14. a) Penalty: F-2220	b) Other	
c) Interest: F-2220	d) Other	
Line 14 Total		.00
15. Total of Lines 13 and 14		0.00
16. Payment credits: Estimated tax payments 16a \$		
Tentative tax payment 16b \$		
17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon.		.00
If the amount is negative (overpayment), enter on Line 18 and/or Line 19		0.00
18. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon		.00
19. Refund: Enter amount of overpayment to be refunded here and on payment coupon		.00

Payment Coupon for Florida Corporate Income Tax Return

Do Not Detach

YEAR ENDING **12/31/23**

CSOL
F-1120
R. 01/24

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name **ROBERT R WEIGERT, INC**
Address **4959 SURFSIDE CIRCLE**
City/State/ZIP **LAKEWOOD RANCH FL 34211**

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

521311379	317100	0	0
20230101	317100	0	0
20231231	176700	0	0
00000000	0	0	0
001	317100	0	0
202	0	0	0
176700	0	0	0
0	176700	0	0

0

8407 0 20231231 0002005037 4 3521311379 0000 1



ROBERT R WEIGERT, INC
FEIN 52-1311379

CSOL

F-1120

R. 01/24

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This return is considered incomplete unless a copy of the federal return is attached.

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign here	Signature of officer (must be an original signature)	Date	Title
			PRESIDENT
Paid preparers only	Preparer's signature	YOAV KATZ	Date 03/06/24
	Firm's name (or yours if self-employed) and address	KATZ & CO., P.A. 4641 MONTGOMERY AVE STE 200 BETHESDA MD	
	Preparer check if self-employed <input type="checkbox"/>	Preparer's PTIN	P01057947
	FEIN	52-1260827	
	ZIP	20814	

All Taxpayers Must Answer Questions A Through L Below — See Instructions

- A. State of incorporation: MD
- B. Florida Secretary of State document number: 4090746
- C. Florida consolidated return? YES ☐ NO ☒
- D. ☐ Initial return ☐ Final return (final federal return filed)
- E. Principal Business Activity Code (as pertains to Florida)
524150
- F. A Florida extension of time was timely filed? YES ☐ NO ☒
- G-1. Corporation is a member of a controlled group? YES ☐ NO ☒ If yes, attach list.

- G-2. Part of a federal consolidated return? YES ☐ NO ☒ If yes, provide:

FEIN from federal consolidated return: _____

Name of corporation: _____

- G-3. The federal common parent has sales, property, or payroll in Florida? YES ☐ NO ☐

- H. Location of corporate books:

4959 SURFSIDE CIRCLE

City: LAKEWOOD RANCH

State: FL

ZIP: 34211

- I. Taxpayer is a member of a Florida partnership or joint venture? YES ☐ NO ☒

- J. Enter date of latest IRS audit: _____

a) List years examined: _____

- K. Contact person concerning this return: ROBERT R WEIGERT

a) Contact person telephone number: 301-261-7020

b) Contact person e-mail address: _____

RRW4INS@AOL.COM

- L. Type of federal return filed ☒ 1120 ☐ 1120S or _____

If Filing Paper Return

Where to Send Payments and Returns

Make check payable to and mail with return to:

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to:

Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

Remember:

- ✓ Make your check payable to the Florida Department of Revenue.
- ✓ Write your FEIN on your check.
- ✓ Sign your check and return.
- ✓ Attach a copy of your federal return.
- ✓ Attach a copy of your Florida Form F-7004 (extension of time) if applicable.

ROBERT R WEIGERT, INC
FEIN 52-1311379

NAME **ROBERT R WEIGERT, INC**FEIN **52-1311379** TAXABLE YEAR ENDING **12/31/23****Schedule I — Additions and/or Adjustments to Federal Taxable Income**

1. Interest excluded from federal taxable income (see instructions)	1.	.
2. Undistributed net long-term capital gains (see instructions)	2.	.
3. Net operating loss deduction (attach schedule)	3.	3,171.
4. Net capital loss carryover (attach schedule)	4.	.
5. Excess charitable contribution carryover (attach schedule)	5.	.
6. Employee benefit plan contribution carryover (attach schedule)	6.	.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.	.
8. Ad valorem taxes allowable as an enterprise zone property tax credit (Florida Form F-1158Z)	8.	.
9. Guaranty association assessment(s) credit	9.	.
10. Rural and/or urban high-crime area job tax credits	10.	.
11. State housing tax credit	11.	.
12. Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations)	12.	.
13. New worlds reading initiative credit	13.	.
14. Strong families tax credit (credit for contributions to eligible charitable organizations)	14.	.
15. Live local program credit	15.	.
16. New markets tax credit	16.	.
17. Entertainment industry tax credit	17.	.
18. Research and development tax credit	18.	.
19. Experiential learning tax credit program	19.	.
20. Credit for qualified railroad reconstruction or replacement expenditures	20.	.
21. Credit for manufacturing of human breast milk derived human milk fortifiers	21.	.
22. s.168(k), IRC, special bonus depreciation	22.	.
23. Depreciation of qualified improvement property (see instructions)	23.	.
24. Expenses for business meals provided by a restaurant (see instructions)	24.	.
25. Film, television, and live theatrical production expenses (see instructions)	25.	.
26. Other additions (attach schedule)	26.	.
27. Total Lines 1 through 26. Enter total on this line and on Page 1, Line 3.	27.	3,171.

Schedule II — Subtractions from Federal Taxable Income

1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC, income \$ _____ (b) plus s. 862, IRC, dividends \$ _____ (c) plus s. 951A, IRC, income \$ _____ (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____	Total ►	1.	.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC, subpart F income \$ _____ (b) less direct and indirect expenses \$ _____	Total ►	2.	.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.			
3. Florida net operating loss carryover deduction (see instructions)	SEE NOL WRK	3.	3,171.
4. Florida net capital loss carryover deduction (see instructions)		4.	.
5. Florida excess charitable contribution carryover (see instructions)		5.	.
6. Florida employee benefit plan contribution carryover (see instructions)		6.	.
7. Nonbusiness income (from Schedule R, Line 3)		7.	.
8. Eligible net income of an international banking facility (see instructions)		8.	.
9. s. 168(k), IRC, special bonus depreciation (see instructions)		9.	.
10. Depreciation of qualified improvement property (see instructions)		10.	.
11. Film, television, and live theatrical production expenses (see instructions)		11.	.
12. Other subtractions (attach schedule)		12.	.
13. Total Lines 1 through 12. Enter total on this line and on Page 1, Line 5.		13.	3,171.

NAME **ROBERT R WEIGERT, INC**FEIN **52-1311379** TAXABLE YEAR ENDING **12/31/23****Schedule III — Apportionment of Adjusted Federal Income****III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.**

	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Page 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)	.	.		X 25% or	
2. Payroll	.	.		X 25% or	
3. Sales (Schedule III-C below)	.	.		X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2.					

III-B For use in computing average value of property (use original cost).	WITHIN FLORIDA		TOTAL EVERYWHERE	
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year
1. Inventories of raw material, work in process, finished goods	.	.	.	.
2. Buildings and other depreciable assets	.	.	.	.
3. Land owned	.	.	.	.
4. Other tangible and intangible (financial org. only) assets (attach schedule)	.	.	.	.
5. Total (Lines 1 through 4)	.	.	.	.
6. Average value of property				
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida)	6a. _____			
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere)	6b. _____			
7. Rented property (8 times net annual rent)				
a. Rented property in Florida	7a. _____			
b. Rented property Everywhere	7b. _____			
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).				
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida	8a. _____			
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere	8b. _____			

III-C Sales Factor	(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)
1. Sales (gross receipts)	N/A	.
2. Sales delivered or shipped to Florida purchasers	.	N/A
3. Other gross receipts (rents, royalties, interest, etc. when applicable)	.	.
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])	.	.
III-D Special Apportionment Fractions (see instructions)	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE
		(c) FLORIDA Fraction ([a] ÷ [b]) Rounded to Six Decimal Places
1. Insurance companies (attach copy of Schedule T—Annual Report)	.	.
2. Transportation services	.	.

Schedule IV — Computation of Florida Portion of Adjusted Federal Income

1. Apportionable adjusted federal income from Page 1, Line 6	1.	.
2. Florida apportionment fraction (Schedule III-A, Line 4)	2.	.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.	.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.	.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.	.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.	.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.	.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.	.

NAME **ROBERT R WEIGERT, INC**FEIN **52-1311379** TAXABLE YEAR ENDING **12/31/23****Schedule V — Credits Against the Corporate Income/Franchise Tax**

1. Florida health maintenance organization consumer assistance assessment credit (attach assessment notice)	1.	.
2. Capital investment tax credit (attach certification letter)	2.	.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.	.
4. Community contribution tax credit (attach certification letter)	4.	.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.	.
6. Rural job tax credit (attach certification letter)	6.	.
7. Urban high-crime area job tax credit (attach certification letter)	7.	.
8. Hazardous waste facility tax credit	8.	.
9. Florida alternative minimum tax (AMT) credit	9.	.
10. Contaminated site rehabilitation tax credit (voluntary cleanup tax credit) (attach tax credit certificate)	10.	.
11. State housing tax credit (attach certification letter)	11.	.
12. Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)	12.	.
13. New worlds reading initiative credit (attach certificate)	13.	.
14. Strong families tax credit (credit for contributions to eligible charitable organizations) (attach certificate)	14.	.
15. Live local program credit (attach certificate)	15.	.
16. New markets tax credit	16.	.
17. Entertainment industry tax credit	17.	.
18. Research and development tax credit	18.	.
19. Experiential learning tax credit	19.	.
20. Credit for qualified railroad reconstruction or replacement expenditures	20.	.
21. Credit for manufacturing of human breast milk derived human milk fortifiers	21.	.
22. Other credits (attach schedule)	22.	.
23. Total credits against the tax (sum of Lines 1 through 22 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	23.	.

Schedule R — Nonbusiness Income**Line 1. Nonbusiness income (loss) allocated to Florida**

Type	Amount
	.
	.
	.
Total allocated to Florida (Enter here and on Page 1, Line 8)	1. .

Line 2. Nonbusiness income (loss) allocated elsewhere

Type	State/country allocated to	Amount
		.
		.
		.
Total allocated elsewhere		2. .

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2 (Enter here and on Schedule II, Line 7)	3. 0.
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NAME **ROBERT R WEIGERT, INC**FEIN **52-1311379** TAXABLE YEAR ENDING **12/31/23****Estimated Tax Worksheet For Taxable Years Beginning On or After January 1, 2024**

- | | | |
|--|-------|---------------|
| 1. Florida income expected in taxable year | 1. \$ | <u>1,767.</u> |
| 2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) | 2. \$ | <u>1,767.</u> |
| 3. Estimated Florida net income (Line 1 less Line 2) | 3. \$ | <u>0.</u> |
| 4. Total Estimated Florida tax (5.5% of Line 3) | \$ | <u>0.</u> |
| Less: Credits against the tax | \$ | <u>0.</u> |

5. Computation of installments:

- | | | |
|--|--|-----------|
| Payment due dates and payment amounts: | If 6/30 year end, last day of 4th month, | |
| | otherwise last day of 5th month - Enter 0.25 of Line 4 | 5a. _____ |
| | Last day of 6th month - Enter 0.25 of Line 4 | 5b. _____ |
| | Last day of 9th month - Enter 0.25 of Line 4 | 5c. _____ |
| | Last day of fiscal year - Enter 0.25 of Line 4 | 5d. _____ |

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

- | | | |
|--|----------|-------|
| 1. Amended estimated tax | 1. \$ | _____ |
| 2. Less: | | |
| (a) Amount of overpayment from last year elected for credit to estimated tax and applied to date | 2a. - \$ | _____ |
| (b) Payments made on estimated tax declaration (Florida Form F-1120ES) | 2b. - \$ | _____ |
| (c) Total of Lines 2(a) and 2(b) | 2c. \$ | _____ |
| 3. Unpaid balance (Line 1 less Line 2(c)) | 3. \$ | _____ |
| 4. Amount to be paid (Line 3 divided by number of remaining installments) | 4. \$ | _____ |

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below.
The forms are available online at floridarevenue.com/forms.

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1120A	Florida Corporate Short Form Income Tax Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.

Form F-1120		FL Net Operating Loss Carryover Worksheet				2023	
		For calendar year 2023, or tax year beginning ending					
Name ROBERT R WEIGERT, INC						Employer Identification Number 52-1311379	
Preceding Taxable Year	Adjusted Federal Income (Loss)	Apportionment Fraction	Adj to NOL FL Apport Inc (Loss)	NOL Carryover Applied	FL Portion of Adjusted Federal Income (Loss)	Next Year Carryover	
20th 12/31/03		1.000000					
19th 12/31/04		1.000000					
18th 12/31/05		1.000000					
17th 12/31/06		1.000000					
16th 12/31/07		1.000000					
15th 12/31/08		1.000000					
14th 12/31/09		1.000000					
13th 12/31/10		1.000000					
12th 12/31/11		1.000000					
11th 12/31/12		1.000000					
10th 12/31/13		1.000000					
9th 12/31/14		1.000000					
8th 12/31/15		1.000000					
7th 12/31/16		1.000000					
6th 12/31/17		1.000000					
5th 12/31/18		1.000000					
4th 12/31/19	697	1.000000	697		697		
3rd 12/31/20	9,431	1.000000	9,431		9,431		
2nd 12/31/21	-2,707	1.000000	-2,707		-2,707	-2,707	
1st 12/31/22	-464	1.000000	-464		-464	-3,171	
Current Year	4,938	1.000000	4,938	-3,171	1,767	0	
Current year net operating loss deduction				3,171			

Form **F-1120****FL Net Operating Loss Carryover Worksheet, Page 2****2023**

For calendar year 2023, or tax year beginning

ending

Name

ROBERT R WEIGERT, INC

Employer Identification Number

52-1311379**Current Year Net Operating Income (Loss)**

State income taxes deducted

Additions to federal taxable income (Schedule I)

3,171

Subtractions to federal taxable income (Schedule II)

Total adjustments

3,171

Apportionment fraction

1.000000

Total apportioned adjustments

3,171

Schedule R, carryovers and other adjustments

Net adjustments to federal taxable income**3,171**

Federal income (loss)

1,767

Apportionment fraction

1.000000

Total apportioned adjustments

1,767

Net adjustments to federal taxable income

3,171**Current year net operating income (loss)****4,938**